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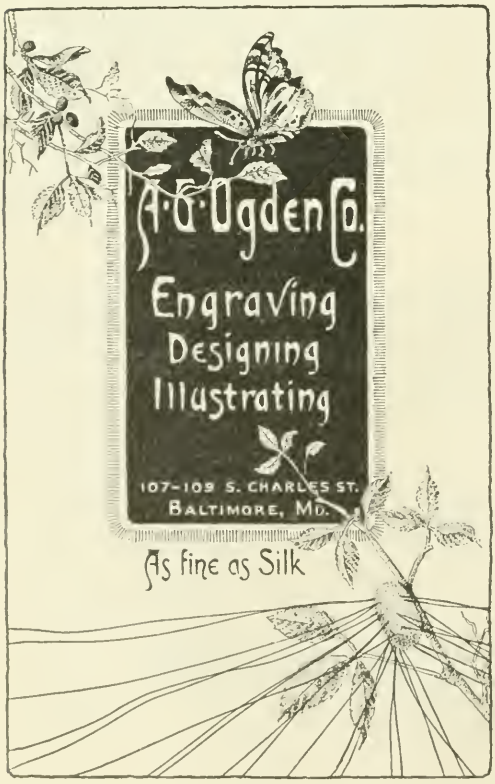

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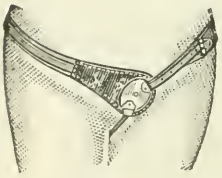

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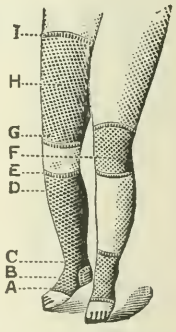

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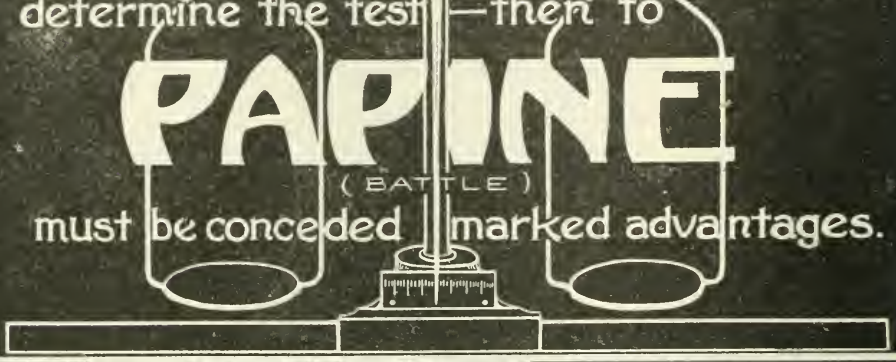

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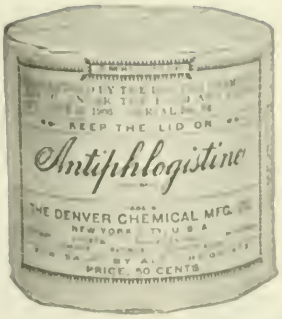

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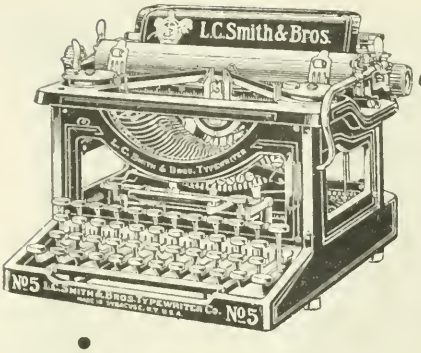

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AN IMPORTANT CONTRIBUTION TO RADIUM THERAPY.

THE WORK OF THE LONDON RADIUM INSTITUTE IN 1913.

THE first report of the London Radium Institute (*British Med. Jour.*, Jan. 25th), 1913, was one of the most important contributions that have been made to the literature of radium therapy, and the second report (A Report of the Work Carried Out at the Radium Institute, London, A. E. Hayward Pinch, Medical Superintendent, *British Med. Jour.*, May 23, 1914; *The Lancet*, May 23, 1914), while much briefer, is no less interesting and encouraging. It is the policy of the Radium Institute not to treat operable cases of malignant diseases save under most exceptional circumstances. In view of this use of radium as a last resort, it is very interesting to find many of the cases described as apparently cured. The permanence of these results can only be decided after a number of years, and then only can those cases which have remained without new manifestations of the disease be called cured. The statement in the report that "little or no effect appears to be exerted in the prevention of metastatic deposits, though the treatment does not, at any rate, hasten their dissemination," is a further reason for awaiting the test of time in judging results. The report deals with the cases which were treated at the Institute during the year 1913, and the following tabulated summary shows all the cases treated, together with the results obtained. The report gives the additional facts that have been noted in the work with regard to the prognosis and treatment of various diseases, and in the following we quote extensively from the report, since the conservative opinions and the authoritative data given cannot fail to be of general interest:

	Examined, but not treated.	Results not yet noted.	Prophylactic treatment only.	Apparently cured.	Cured.	Improved.	Not improved.	Abandoned treatment.	Dead.	Total.
Carcinoma, Squamous-celled:										
Glabrous skin	1	..	1	2	..	4	4	1	..	13
Buccal, oral, lingual and pharyngeal mucous membranes	6	10	6	..	..	9	15	3	4	53
Esophagus	5	..	..	..	..	4	4	1	..	14
Larynx	1	2	..	..	..	1	..	..	..	4
Vagina and vulva	..	..	1	1	..	3	1	1	1	8
Uterus	..	12	2	..	..	27	8	1	2	42
Penis	..	..	..	..	..	..	1	..	..	1
Bladder	..	..	..	3	..	3	..	1	2	9
Carcinoma, Spheroidal-celled:										
Breast	11	22	11	2	..	40	19	11	12	128
Liver and gall bladder	..	..	..	..	..	1	..	..	..	1
Thyroid	..	..	..	..	..	3	..	..	1	4
Paget's disease	..	..	..	1	..	..	..	..	..	1
Carcinoma, columnar-celled:										
Large intestine	1	1	2	..	..	..	..	1	1	9
Rectum	9	9	1	..	..	23	16	..	6	64
Stomach	..	..	..	..	..	1	1	1	..	3
Ovary	..	2	..	..	..	..	1	..	2	5
Prostate	1	..	..	..	..	4	..	..	..	5
Kidney and suprarenal gland	..	1	..	..	..	..	..	1	..	2
Parotid	..	..	..	..	..	..	1	..	..	1
Rodent Ulcer	4	21	2	40	..	34	7	3	..	111
Sarcomata:										
Spindle-celled	1	..	1	1	..	8	4	1	1	17
Round-celled	1	..	..	..	..	1	..	..	1	3
Melanotic	..	..	1	..	..	..	1	..	..	2
Myelosarcoma	1	..	..	..	..	1	..	..	..	2
Lymphosarcoma	..	1	..	..	..	2	..	..	..	3
Endothelioma	..	2	2	..	..	2	2	1	1	10
Lymphadenoma	..	..	..	..	..	4	..	1	..	7
Malignant glands	1	1	..	..	..	..	2	3	2	13
Parotid tumor	..	..	..	..	..	..	1	..	..	1
Abdominal tumor	..	..	..	..	..	..	1	..	1	2
Mediastinal tumor	..	1	..	..	..	4	..	1	..	6
Villous tumor of bladder	..	..	..	..	..	2	1	..	..	3
Polypi of vagina	..	..	..	..	1	..	..	..	..	1
Adenoma of thyroid	1	2	..	..	..	..	..	..	..	3
Fibromata	3	..	..	..	1	3	2	1	..	10
Fibroid disease of uterus	..	1	..	..	..	6	..	..	..	7
Leucoplakia	2	..	..	1	..	2	..	..	..	5
Nevi:										
Capillary	..	4	..	..	1	19	1	..	..	25
Cavernous	1	1	..	..	2	8	2	..	..	14
Moles, warts and papillomata	1	2	..	..	8	6	1	..	..	18
Tuberculosis:										
Glands	..	..	..	1	..	2	..	..	..	3
Skin	1	..	..	..	..	5	..	..	..	6
Conjunctiva	1	..	..	..	..	..	..	..	..	1
Spring catarrh	..	..	..	1	..	1	..	..	..	2
Chronic inflammations	1	1	..	..	2	3	..	..	..	7
Chronic ulcerations	1	..	..	..	1	6	1	..	..	9
Skin Diseases:										
Keloid and vicious cicatrices	2	2	..	2	..	10	1	..	..	17
Lupus erythematosus	..	..	..	..	..	6	..	..	..	6
Psoriasis	..	1	..	..	..	4	2	..	..	7
Pruritus	..	2	..	..	2	2	2	..	..	8
Chronic eczema	..	..	..	..	..	3	1	..	..	4
Lichenfication of skin	..	..	..	..	..	1	..	..	..	1
Mycosis fungoides	..	..	..	..	..	1	..	..	..	1
Roentgen-ray dermatitis	..	..	..	..	..	..	1	..	..	1
Telangiectasis	..	..	..	..	..	1	..	..	..	1
Hypertrichosis	..	..	..	..	..	..	1	..	..	1
General Diseases:										
Arteriosclerosis	3	1	..	..	..	2	1	1	..	8
Exophthalmic goitre	1	1	..	..	..	4	..	..	..	6
Myelogenous leukemia	..	..	..	..	..	1	..	..	..	1
Myasthenia gravis	..	..	..	..	..	..	1	..	..	1
Neurasthenia	1	..	..	..	..	2	..	3	..	6
Neuritis	6	5	..	..	..	5	3	..	..	19
Gout	..	2	..	..	..	3	..	2	..	7
Neuralgias	..	2	..	1	..	2	1	..	..	6
Rheumatism	3	1	..	..	..	1	..	3	..	9
Arthritis deformans	41	69	..	..	..	47	39	8	..	204
Totals	112	176	30	56	18	341	152	50	37	972

"The results obtained in the treatment of epitheliomata affecting glabrous surfaces call for no fresh comment, and in suitable instances removal of the growth by radium may be confidently anticipated."

"Epitheliomata of the buccal, lingual and pharyngeal mucous membranes still prove both refractory and disappointing in their response to radium, but a new method of treatment has recently been devised which in instances of cancer of the tongue has given distinctly encouraging results. It consists in the burying within the carcinomatous nodule of a very small but intensely powerful radium emanation tube possessing an initial activity equivalent to that of 80 to 100 mgm. of radium bromide enveloped in a screen of 1 mm. of silver or 0.3 mm. of platinum, and giving an exposure of twenty-four hours' duration. A fairly severe reaction follows, and in some cases the nodule ceases to grow and becomes replaced by dense fibrous tissue."

"Several cases of epithelioma of the esophagus have been under treatment, but unfortunately, the majority of these have been in so advanced a stage as to preclude all hope of success. In those instances, however, where complete occlusion had not occurred, and it was possible to introduce radium actually into the lumen of the growth distinct though temporary benefit has resulted, and that this effect is not merely mechanical due to the dilation of the stricture by the apparatus is evidenced by the fact that the improvement in the power of swallowing has persisted for six or even nine months after the termination of the treatment."

"Carcinoma of the uterus still continues to yield most gratifying results, and the effects of radium treatment in inoperable cases are far in advance of those obtained by any other known medical or surgical methods. The local manifestations of the disease are benefited in the most striking fashion, and the complete disappearance of fungating growth, arrest of hemorrhage and discharge, healing of ulceration and relief from pain are phenomena of almost daily occurrence. In favorable cases, moreover, the treatment appears to exert a distinctly retarding influence on the dissemination of metastatic deposits, and thus to arrest the progress of the disease. It is not possible, however, to speak of 'cure' even in these latter instances."

"Great care must be exercised in the treatment of recurrences, which make their appearance within six months of the performance of a Wertheim's operation. The functions of the trophic nerves of the pelvis seem often to be seriously impaired by the extensive and elaborate dissection which is associated with this method of hysterectomy, and for this reason the amount of radium used should be small, not exceeding 50 mgm., the screening not less than 1.5 mm. of lead, and the total exposure not longer than 20 hours spread over four or five days. Unless these precautions be observed, a severe and extensive destructive reaction may follow the application of radium."

"In all cases where radium has been applied within the vagina

the patient should be instructed to douche freely night and morning for at least six weeks after the termination of the treatment, as unless this be done an adhesive vaginitis not infrequently occurs. In some extremely susceptible subjects a transient proctitis has been noted to follow upon intravaginal treatment."

"The screening employed in cases of carcinoma of the uterus is either 1 mm. of silver or 2 mm. of lead, but the thinner screening should only be adopted when the cervical canal is patulous and the tube can be introduced into its cavity."

In cases of carcinoma of the breast it has been found that "many patients exhibit a great susceptibility to radium; the primary growth becomes smaller, infected glands and subcutaneous nodules lessen or perhaps even disappear. Little or no effect appears to be exerted in the prevention of metastatic deposits, though the treatment does not, at any rate, hasten their dissemination. Some cases in which pleurisy, dependent upon carcinomatous invasion of the pleura, has been present have shown remarkable improvement, and the application of powerful apparatus screened with 2 mm. of lead over the affected pleura, after a preliminary paracentesis, has effectually prevented the further formation of pleuritic effusion."

"A few patients have been under treatment at intervals of three or four months since the opening of the Institute in September, 1911, and it has been noted that a stage in their treatment is reached sooner or later at which the response to radium fails, and the benefit derived becomes negligible."

"Small isolated recurrent nodules, inoperable by reason of their attachment to the sternum, clavicle, ribs, or rib cartilages, are best treated by burying a small powerful emanation tube screened with 1 mm. of silver in them for a period of 24 hours."

"Encouraging results have been obtained in the few instances of carcinoma of the thyroid that have come under notice, the progress of the disease has been arrested, and a decrease in the size of the existing growth has been obtained, the general discomfort and dysphagia when present being greatly relieved. The line of treatment employed has been the use of numerous powerful applicators screened with 2 mm. of lead and so disposed over the surface of the growth as to obtain the maximal cross-fire irradiation. Burying of emanation tubes within the growth has not yet been adopted owing to the great tendency of these growths to fungate if any breach be made in the investing skin."

"The superficial lesion in Paget's disease is usually speedily cured by one hour's exposure to a half strength plate unscreened, but the underlying induration and affection of glands, if present, require prolonged treatment with heavily screened applicators if any real benefit is to be obtained; in cases in which the patient is willing to submit to operation this procedure should always be adopted."

"Carcinoma of the rectum displays much variation in its response to radium therapy, and numerous factors have to be con-

sidered in prognosis. Speaking generally, the soft annular and vascular type of growth is much more favorably affected than the flat, hard, non-annular plaque with much subjacent induration. In the treatment of this latter class of growth the action of the gamma rays (which it is impossible to prevent) on the healthy rectal mucous membrane opposite the plaque produces a proctitis, which, though generally transient, sometimes proves both persistent and severe, and adds greatly to the patient's discomfort. In the treatment of the former type, if the radium tube be of proper dimensions and introduced accurately within the lumen of the growth little or no healthy mucous membrane is affected by the gamma rays, and no proctitis occurs."

"Growths situated in the upper half of the rectum appear to be more amenable to treatment than those in the lower, though this may be due to the fact that tenesmus is always more constant and severe when the growth is near the sphincters."

"The performance of a colostomy before radium treatment is often advisable, as the constant passage of feces over a surface that is reacting to radium frequently causes much pain. Idiosyncrasy is sometimes responsible for curious results. Some patients are extremely susceptible to the action of radium, and proctitis appears quickly, is very severe, and persists for a long time. With others the reaction sometimes takes six or eight weeks to develop, proceeds exceedingly slowly, and does not disappear for two or three months."

"The routine method of treatment consists of a 30-hour exposure—five days of six hours each, with a tube containing 100 mgm. of radium bromide, screened with 2 mm. of lead and 3 mm. of rubber, and applied in actual contact with the growth, the series of exposure being repeated at the end of six weeks. If the patient proves extremely susceptible smaller doses are given at shorter intervals. In the most favorable cases the carcinomatous material shrinks and becomes replaced by dense fibrous tissue. In instances where the original growth has been of the annular type a fibrous stricture will result, which will need frequent and regular dilatation."

"The number of cases of carcinoma of the prostate which have been treated up to the present is not very large, but benefit has been noted in all of them. Hematuria, when existent, has been either diminished or abolished, pain has been greatly lessened, and the size of the growth decreased. Various methods of treatment have had to be adopted according to the nature of the case. When catheterization can be well tolerated, a 50 mgm. tube of radium bromide in a 'window' screen of 1 mm. of silver and 1 mm. of lead is introduced per urethram, and maintained in actual contact with the growth for a period of two hours a day on five successive days, and its action is supplemented by another tube of 100 mgm. in a screen of 2 mm. of lead, introduced into the rectum for six hours a day on five successive days."

"When catheterization is not practicable or advisable, the action

of the rectal tube is reinforced by a powerful flat applicator screened with 2 mm. of lead, and placed either on the perineum or over the pubes."

"Nine cases of carcinoma of the bladder have been treated, and in six instances the results have been most gratifying. The hematuria, cystitis, and all subjective symptoms have disappeared, and cystoscopic examination has shown that the size of the growth has been greatly lessened, and any ulcerated surface has become covered with healthy epithelium."

"The treatment has consisted of the introduction of a 50 mgm. tube of radium bromide in a 'window' screen of 1 mm. of silver and 1 mm. of lead inserted per urethram, and maintained by means of a pliable silver wire in such a position that the window side of the apparatus is in actual contact with the growth. If the lesion be on the base of the bladder, a second tube screened with 2 mm. of lead is placed in the vagina in female, and in the rectum in male patients; but if on the anterior bladder wall, a flat applicator similarly screened is fixed over the pubic region. The usual length of exposure is 10 hours intravesically in five days of two hours each, and 30 hours with the vaginal, rectal or pubic applicators spaced over the same number of days."

"But little has been added to our knowledge of the treatment of rodent ulcer, but when dealing with the question of prognosis it appears justifiable to divide rodent ulcers into two definite clinical types:

"1. The hypertrophic nodular type, with slight superficial ulceration of a scaly character. This class responds extremely well to radium, and yields most satisfactory results."

"2. The excavating type, with undermined and overhanging edges and a gelatinous base. This not infrequently proves very intractable, and repair is most difficult to effect."

"Whenever the size and situation of the ulcer permit, it is best to give one powerful unscreened exposure, a full strength plate being applied in actual contact with the ulcer for one, two or three hours, according to circumstances. One such treatment usually suffices to produce an apparent cure. Exposures of short duration repeated at frequent intervals are not nearly so effectual, and instances have been met in which the adoption of this procedure appears to have been responsible for the development of an epithelioma on the site of the original ulcer."

"Rodent ulcers attacking cartilage, bone or mucous membranes are very refractory, though an exception should be made with regard to the orbital mucosa, which is generally very amenable to the action of radium."

"Speaking in general terms, sarcomata, if taken in their early stages, and before dissemination has occurred, do very well under radium treatment. The burying within the growth of tubes of radium salts or radium emanation should be resorted to whenever practicable, and the action of these tubes may be much helped by the external application of radium plates heavily screened."

"It is important to use a large quantity of radium, and to give a heavy dosage. Small doses should be avoided, as they exert a distinctly irritating effect and stimulate the growth of the tumor. The best results are obtained in sarcomata of the tonsil and post-nasal space, and the results in many such cases are amazing, the growths completely disappearing within six weeks of the treatment. Lymphosarcomata also give excellent results. Melanotic sarcomata are not influenced by radium, and in a few cases that have been treated no benefit has been observed."

In lymphadenoma "when the disease is localized and confined to one or more small superficial areas the disappearance of the enlarged glands is frequently brought about by the use of radium, and the progress of the disease is thus arrested."

"When, however, the condition is generalized, the employment of numerous large and powerful applicators becomes necessary, and this heavy dosage is almost always followed by severe systemic disturbance, with high temperature and general malaise. After the reaction has subsided considerable improvement is often apparent, but this is only temporary in character, and the condition sooner or later returns with increased severity."

"In almost every instance of mediastinal tumors that have come under observation the rate of growth has been very markedly checked by the use of radium, and in one or two cases a definite decrease in the size of the tumor, as seen by X-ray screening, has undoubtedly occurred."

"If the condition be accompanied by an accumulation of fluid in the pleura and paracentesis be performed, radium appears to exert a very remarkable action in lessening the tendency of the production of further effusion."

"In these cases the use of a very large quantity of radium (400 to 500 mgm.) is indicated. The applicators should be screened with 2 mm. of lead, and disposed in such fashion over the chest wall as to procure the maximum 'cross-fire' irradiation."

"Treatment must be very persistent, a total exposure of not less than 30 hours should be given, and the series repeated at the end of four weeks. This heavy dosage is almost invariably followed in two or three days by a feeling of great fatigue and exhaustion, but this condition passes off completely in about a week's time."

"In fibroid diseases of the uterus radium exerts a most beneficial action upon the distressing symptoms, menorrhagia and metrorrhagia, which are the almost invariable concomitants of this condition, though it seldom produces any very great diminution in the size of the uterus. As the cervical canal is rarely sufficiently patulous to admit a screened radium tube without previous dilatation, and patients are often averse from this, the treatment may be carried out by the introduction of a tube containing 100 mgm. of radium, screened with 2 mm. of lead, into the posterior fornix, and applying a plate of from 80 to 100 mgm. similarly screened over the fundus uteri."

"The total exposure should be between 30 and 60 hours, spread

over from five to ten days, and the series should be repeated after six or eight weeks. The first effect noted is the checking of the metrorrhagia, and this followed by a progressive decrease of the menorrhagia until the flow becomes normal, or sometimes ceases altogether."

"Leucoplakia patches on the tongue, cheek or vulva are speedily removed by radium, but they tend to recur sooner or later. Half-strength plates screened with 0.1 mm. of lead should be used, and exposures varying from one to three hours' duration, according to the thickness of the lesion, should be given. A slight superficial reaction takes place and the patches disappear."

"Before expressing an opinion as to the possibility of radium treatment effecting an improvement in any particular instance of flat superficial nevi, capillary nevi 'port-wine stains,' etc., it is advisable to subject the lesion to diascopy. If blanching is readily effected by gentle pressure, the result of the treatment will probably be satisfactory; but if it be found impossible to produce blanching except by great pressure, it is unlikely that radium can do much for the condition."

"Infinite patience is necessary in the treatment of superficial nevi, and the utmost caution must be observed. It is best to use quarter or half strength applicators screened with 0.01 mm. of aluminum and to start with short exposures of from 15 to 20 minutes' duration, gradually increasing the length of the same until a satisfactory reaction has been obtained. So soon as the lesion has assumed a salmon-pink color, the screening should be altered to 0.1 or 0.2 mm. of lead, and the length of exposure increased to one, one and a half or two hours."

"Cavernous nevi do excellently under radium, especially when of such shape that 'cross-fire' radiation is possible. Half strength applicators screened with 0.1 mm. of lead should be employed, and the exposure should be from one to three hours' duration, spread over three successive days. Little or no surface reaction is produced by this method of treatment, and the nevus shrinks gradually and steadily. If, on palpation, the presence of a pulsating vessel is appreciable, the case is not likely to prove completely successful unless the vessels be first ligated."

"Warts and papliomata yield readily to short exposures of from twenty minutes to one hour's duration with half strength apparatus unscreened. The reaction is but slight and the resultant scar scarcely noticeable."

"Tuberculosis of Glands.—In cases in which surgical measures have been declined for cosmetic reasons, radium often proves of considerable value, either when used alone or as an adjunct to vaccine treatment. Heavily screened exposures of 30 or more hours' duration should be resorted to and an effort made to secure 'cross-fire' irradiation where practicable. If the glands be caseating, radium treatment is of very little use."

"Lupus Vulgaris.—As a routine treatment for this disease, Finsen light is greatly to be preferred to radium, but where it fails

to effect a cure or improvement, radium sometimes proves of great use. Unscreened exposures of one or two hours' duration must be given and a destructive reaction produced; the resultant scar is usually firm, smooth, supple and inconspicuous."

"In spring catarrh the employment of radium is strongly to be advocated, as it will often cure the most intractable cases. Personal idiosyncrasy is, however, a very important consideration, and it is essential to proceed with great caution, giving short unscreened exposures at intervals of a fortnight, and carefully noting the reaction. If the dosage can be accurately adjusted, the granulations on the orbital conjunctiva gradually disappear, there is no marked inflammation, and no resultant scarring of the mucous membrane. A special form of applicator should be used which can readily be introduced into the conjunctival fornices. It should be of full strength, and the first exposure should not exceed 15 minutes' duration. No screening is employed. If the effect be not satisfactory, the length of the exposure may be increased to 20, 25 or 30 minutes until the desired result is obtained."

"Keloids give most excellent results when treated with radium, and a general improvement, if not complete cure, can be safely predicted. In tender and painful keloids the anesthetic effect of radium is generally very marked, and appears very early in the treatment."

"Screening with 1 mm. of silver is almost always employed, and an exposure of from 18 to 30 hours spread over from three to five days, according to the size and thickness of the lesion, is given. This brings about a gradual absorption of the keloidal tissue, unaccompanied by any surface irritation."

"Lupus Erythematosus.—This very intractable and puzzling disease often responds favorably to radium, even after all routine methods have failed. Short exposures with half or quarter strength apparatus, slightly screened and repeated at intervals of four weeks, give the best results."

"Psoriasis and Chronic Eczema.—Both of these conditions generally yield readily to short unscreened exposures of from two to five minutes' duration, given on three successive days, the series of exposures being repeated at intervals of a fortnight. The patches quickly disappear after a slight superficial reaction, and in eczematous cases there is but little tendency to recurrence. With psoriasis, however, the disease almost invariably reappears after a time, though with some patients the interval that elapses may be of many months' duration."

"Lichenification of the skin, with its attendant intolerable itching, is quickly relieved and often completely cured by one exposure of 10 or 15 minutes' duration to a half-strength applicator screened with 0.01 mm. of aluminum. Some very obstinate cases which have hitherto defied all the usual methods of treatment have responded most favorably to this procedure, the lesions have disappeared and have not recurred."

"Pruritus.—The analgesic effect of radium is often of the great-

est use in this disease, and short unscreened exposures frequently produce a degree of relief which is unattainable by any other measures. This is especially noticeable if the pruritus occur in association with a definite lesion such as leucoplakia or hyperkeratosis. If the dosage be carefully considered and the treatment repeated at fortnightly intervals until the skin is restored to its normal condition complete and permanent cure may result. If, however, the condition be a neurosis, the prognosis is not so hopeful, and the benefit derived, if any, is not likely to be of very long duration."

"Few patients suffering from exophthalmic goitre have as yet been treated at the Institute, but the results obtained are sufficient to justify a trial of radium when other treatments have failed to produce any result. Prolonged exposures of 30 or more hours' duration in all should be given, with heavily screened apparatus containing 200 or 300 mgm. of radium, the apparatus being so disposed as to cover as much as possible of the gland surface."

"Three or four weeks usually elapse before any effect is appreciable, but from that time on a gradual diminution in the size of the gland, with slowing of the heart's action, lessening of tremor and of the degree of proptosis, may be looked for. The series of exposure should be repeated at intervals of three or four months."

"Arthritis Deformans.—The daily administration of 250 c. c. of radium emanation solution of a strength of not less than 1 millicurie per liter to patients suffering from this obstinate and painful and crippling disease is sometimes attended by very remarkable results. It is difficult to predict with certainty the degree of improvement likely to occur in any particular instance but the cases which appear to derive most benefit are those in which the disease is of relatively short duration and the changes are periarticular in type and multiarticular in distribution. The age of the patient also exerts some influence, those under 40 responding more quickly to the action of the emanation. Cases with a definite gouty history sometimes experience an acute exacerbation of all their symptoms within the first week or ten days of their treatment but this disturbance is quite transient and is usually followed by a distinct change for the better.

"Little or no improvement can be looked for in instances where cartilaginous or osseous changes are predominant and the radium emanation solution is powerless to bring about the absorption of osteophytic growths or the loosening of fibrous or bony ankylosis."

"When limitation of movement is due to periarticular fibrous thickening considerable increase of mobility often follows on the taking of the radium water and enables patients to perform actions, such as feeding themselves, brushing their hair, shaving, etc., which they may have been powerless to do for some months, or even years."

"Other favorable effects of the treatment are the lessening or disappearance of the muscular and articular pains, the grating of the joints on movement is not so marked, the muscles regain much of their lost tone, and the patient's general health is much im-

proved. This is especially noticeable when the patients are suffering from anemia, the hemoglobin index being rapidly increased."

"Much research work has yet to be undertaken to enable an accurate opinion to be formed of the manner in which radium emanation solution produces these results, as its action appears to be a multiple and highly complex one, but the reinforcing of the body ferments, the increase of tissue oxidation, and the dissolving uric acid are undoubtedly factors which contribute to its success."

MODERN SURGERY: GENERAL AND OPERATIVE. By John Chalmers DaCosta, M.D., LL.D., Samuel D. Gross Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Jefferson Medical College Hospital; Surgeon to St. Joseph's Hospital, Philadelphia; Fellow of the American Surgical Association; Member of the American Philosophical Society; Member De La Societe International de Chirurgie; Member of the Medical Reserve Corps, U. S. N., etc. Seventh Edition, Revised, Enlarged and Reset, with 1085 Illustrations, Some of Them in Colors. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1914. Cloth, $7.50 net

It gives us great pleasure to announce to our readers that this popular work on surgery is just as complete if not more so than any of its predecessors. It goes thoroughly into the many complexities of both theoretical and practical surgery, and can, as heretofore, be used by student as a supplement to his classroom work. It thoroughly sets forth the surgical doctrines of the day without sophistication, and in that clear lucid manner peculiar to the author. Surgical bacteriology, surgical pathology, surgical treatment, etiology, diagnosis and practices are all gone into sufficiently thoroughly for every day purposes. In the main we are in accord with the writer's views, but here and there of necessity differences creep between us. Still these are personal opinions and both are very likely right. As heretofore the main merit of the book is its compactness of statement, no space being wasted with a prolixity of words, but the author driving home the idea he wishes to convey with the directness of which he is a past master.

A SYNOPSIS OF MEDICAL TREATMENT. By George Cheever Shattuck, Assistant Physician in the Massachusetts General Hospital. Second Edition. Revised and Enlarged. Boston: W. M. Leonard. 1914.

Much in little certainly accurately describes this book. One is informed with the waste of as little energy as possible the treatment employed at the Massachusetts General Hospital in the ordinary medical diseases. To the busy practitioner desiring a brief resume of treatment in the ordinary diseases it should prove an invaluable aid.

CORRECTION OF EXTERNAL NASAL DEFORMITIES BY SUBCUTANEOUS METHOD.

By Lee Cohen, M.D.

The nose, being the most prominent feature of the face, any striking variation in its size or relative position may so mar the countenance as to make it most unsightly. Persons so deformed are, in fact, so frequently objects of comment and ridicule that they become keenly self-conscious, and a psychical depression is often brought about, amounting in many instances to melancholia. Joseph cites cases of actual attempts at suicide owing to this depressing effect upon the nervous system. Aside from the effect of these deformities upon the mind, the industrial and social side of the question also offers ample reasons for correcting these conditions. For example, one of my patients with a strikingly oversized nose assured me that advancement with the local wholesale house who employed him was greatly hindered by his appearance. Another, violinist in a large orchestra from one of our neighboring cities, realized beyond doubt that a marked deformity of his nose prevented his usefulness as a soloist. In still another instance, a woman came to me with a hideously deformed nose, brought about by the bad management of a fracture sustained by falling down stairs. This otherwise prepossessing young woman was so convinced that the grotesque change in her appearance would militate against her in a social and matrimonial way that her depression amounted to a real disease.

We see, therefore, the fallacy of the generally-prevailing belief that these persons are prompted by vanity alone to seek relief. Then, too, these external deformities are so frequently accompanied by obstructive changes within the nose, such as spurs and deflections of the septum, that the very health of the individual if often impaired through faulty nasal breathing. For this latter reason, in my humble opinion, the correction of all deformities of this type belong rightly and only within the domain of the competent rhinologist, and not to the general surgeon. In other words, no correction of the outward deformity should be made without at the same time giving due attention to the necessary relief of conditions within.

Though the feasibility and advisability of this work has been abundantly proven in the results obtained by Roe, Joseph, Berens and a few others, there has, for some reason, been no very widespread inclination on the part of rhinologists to perfect themselves along these lines. Too often, therefore, have persons seeking relief from these deformities become the prey of unscrupulous, so-called "beauty specialists," who, as a rule, are wholly

incapable of caring for them. The purpose of this short paper is not only to mention the methods which have been employed by me in correcting such cases as have come under my care, but is also a plea for the proper recognition of this work, and to do away with a still existing belief, in cases of congenital deformity, that so long as some sort of nose is present we are not justified with tampering with the works of Providence. Certainly no one questions the need or right of the ophthalmologist to straighten a squinting eye for cosmetic purposes, even though binocular vision may not be restored through the operation.

The deformities here under consideration are divided into two classes: (1) idiopathic or congenital, (2) acquired. To the former belong the oversized or hump nose, the congenital saddle and pug nose, while to the latter belong all sorts of grotesque alterations in the shape and position of the nose caused by fractures and dislocations, and likewise by the destruction of the bony and cartilaginous framework from syphilis, tuberculosis and lupus.

Since injuries to the nose which are not properly corrected primarily cause the greater portion of deformities, I should feel remiss in my duty if I let this opportunity pass to remind my colleagues in general practice that even apparently insignificant fractures and injuries to the noses of young children may be the cause of hideous disfigurement as the nose develops. For this reason all injuries to the nose deserve the most careful consideration and management.

For practical purposes, a further subdivision is generally made into deformities affecting the bony and those affecting the cartilaginous portions of the nose, though a strict separation of the two is not always possible. For instance, in the so-called vertical deformities the bony portion of the nasal dorsum may be actually over-developed or merely appear so because of a depression or lowering of the plane or cartilaginous portion, and conversely, the bony portion may appear under-developed because of an over-development of the cartilages making up the lower part of the nose.

In all surgical operations about the face the prime object is, of course, to avoid mutilation of the skin. An operation might, otherwise, substitute scars quite as hideous as the original deformity. For this reason all operations to improve the symmetry of the nose must be done subcutaneously, as first done by Roe, or in some cases of lateral deformity, the fracture method first described by Berens may be employed to advantage.

It is needless to say that thorough cleanliness must be observed, lest our results be defeated by infection, this consisting of a proper cleansing of the entire face and interior of the nose in the usual surgical manner. In order that the field may not be contaminated from the mouth, a sterile apron of dental rubber dam

is fastened about the lip below the nose, shown here in picture No. 1. This apron also prevents blood from running into the mouth of the patient, who is always in a sitting posture for local anesthesia. When operating under ether, the patient being in a recumbent position, and the ether is given through a tube introduced into the corner of the mouth by means of a vapor apparatus, we cover the mouth with a sheet of sterile gauze, since the rubber would interfere with mouth breathing. Mouth breathing is made necessary under these conditions because a posterior nasal

Figure 1.—Rubber Apron Used by Writer.

tampon is employed to prevent blood from running down the throat of the patient, and unless nasal breathing is held in obeyance during operation under ether, which always augments secretion of mucous from the nose, some of this mucous may find its way into the wound.

In all operations where the subcutaneous method has been employed, I have found local anesthesia sufficient even in subjects so young as 13 years. When following the method of Berens, however, it has seemed best to resort to profound ether anesthesia. For local anesthesia cocaine only has been used by me, and in the following manner: The interior of the nose is cocain-

ized with a 10 per cent. solution, after which a one-quarter of 1 per cent. solution is injected under the skin of the entire nose, the needle being inserted from within the nasal vestibule into the subcutaneous tissue.

In describing further the technique of these operations, I cannot make it more clear than by briefly reporting a few of the cases upon which I have operated.

Case No. 1 (Picture No. 2), Mrs. D.; age, 33.—We see here a sharp, circumscribed hump about the middle of dorsum of nose in consequence of a fracture of both nasal bones sustained while coasting when a young girl. The skin, which was tightly drawn over the sharp edge of the hump, often became inflamed and was exceedingly sensitive. Patient was always in constant dread of sharp edge cutting through the skin in case of an accidental

Figure 2. Case 1.

Before Operation. After Operation.

blow on the nose. Under local anesthesia the skin over nasal dorsum was undermined through an incision made from within the left nasal vestibule at lower end of nasal bone. The hump was then removed with a saw introduced through the incision, and afterwards taken out through the same opening. The surface was smoothed by means of a small file, and the skin then placed back and held smoothly over the nose by means of a copper saddle, illustrated in Plate 3. The nasal vestibules were loosely packed with iodoform tape and the patient sent home. Recovery was uneventful, patient wearing the splint for about 10 days continuously and for two weeks longer at night only.

Case No. 2 (Picture No. 4), H. M.; age, 19 years.—Poorly nourished and anemic young man. Has suffered from nasal obstruction for years. Right nostril almost completely occluded by a markedly deflected septum. Externally, the bony portion

of the nose was bent toward the right, the cartilaginous portion turning toward the left side, giving to the nose a twisted appearance. The nasal obstruction was first removed by a modified submucous resection, which at the same time corrected to a great extent the curving of the cartilaginous portion toward the left. Four weeks later, under ether anesthesia, the bony portion of the nose was placed in the middle line of the face, the fracture method of Berens being employed for this purpose. This, briefly, is as follows: With a strong pair of Adams forceps, one blade of which is placed within the nose, the other, covered with rubber tubing to prevent injury to the skin, is placed on the outside, the nasal bones are grasped, first one then the other. They are in this way forcibly fractured from their attachments to the frontal bone, the nasal processes of the superior maxillary, and from each

Figure 3.—Copper Saddle in Place After Operation.

other in the middle line. To narrow the nose at its base, the nasal processes of the superior maxillary are separated from their attachment to the parent bone with chisel and hammer, and are displaced toward the middle line of the nose. This is, of course, done subcutaneously, the chisel being placed against the bone from the inside of the nose. In some cases the use of the saw seems preferable for this purpose, as done by Roe and Joseph. The perpendicular plate of the ethmoid must also be fractured with the same forceps, one blade being introduced into each nostril, the rubber being here left off. After this is all accomplished, should there still exist a prominent point along the dorsum or side of the nose, this may be reduced by placing a rubber-covered flat instrument against the nose over this protrusion and giving it a sharp tap with a hammer. When the nose is thus

completely mobilized, it is moulded into shape with the thumb and index finger on the outside, using a small elevator on the inside to prevent a depression of the fragments. Both nasal vestibules are now packed with iodoform tape, and a copper saddle, made especially to fit each nose, is applied as in the preceding case.

To properly mobilize a nose so much force is at times required in fracturing the bone that, observing the operation, one might suppose this to be an exceedingly brutal procedure, but in reality the reaction following is trifling and patients complain of very little after-pain or discomfort.

Three weeks later the cartilaginous portion of this patient's nose appeared too broad. This was corrected by removing subcutaneously a narrow elliptical strip from each wing of the nose. These strips included the mucous membrane and cartilage to the

Figure 4. Case 2.

Before Operation. After Operation.

skin, and extended from near the edge of the anterior nasal orifices upward, parallel to and about one-quarter inch from the septum nasi. When the edges of these incisions were brought together with three silk sutures, the width of the cartilaginous portion was correspondingly reduced.

Six months elapsed after the final correction of this nose before the second picture was made. During this time, owing to the relief given by restored nasal breathing, the patient has taken on 20 pounds in weight and hardly looks like the same fellow.

Case No. 3 (Picture No. 5), Girl; Age, 13.—Complaint, difficult nasal breathing, due to a deflected septum and hypertrophied lower turbinates, along with a marked lateral deformity of the nose externally. Her parents were more concerned, however, about the outward deformity than the obstruction to her breath-

ing. On July 15, 1913, an attempt was made under ether anesthesia to correct the deviated septum and the external deformity at the same time. Bereus recommends this in all deformities of this type. Result, as far as the outside deformity was concerned, was most satisfactory. The septal deflection, though apparently overcome at the time of operation, showed in a few weeks almost as great a bend as before correction. About six weeks later, therefore, under cocaine, a modified submucous was performed, both lower turbinates being resected at the same time. Three days later a paracentesis was necessary, owing to an abscess in the left ear, which cleared up in a short time.

In a total of 26 cases, this is the only one in which an ear complication has been observed. I have concluded from this case, as well as from similar experiences in others so operated

Figure 5. Case 3.
Before Operation. After Operation.

upon, that it is always best to first rid the patient of internal obstruction before attempting a correction of the external deformity.

Picture showing results was taken three months after correction of external deformity.

Case No. 4 (Figure 6, front view; Picture 14, profile); H. H.; Boy; Age, 13 Years.—Complained of obstructed nasal breathing due to deflection of nasal septum toward the left. In addition, a lateral deformity of the bony portion to the left, with a large hump on the dorsum nasi and a very prominent cartilaginous portion of the nose following injury six years before, gave to this child a very unprepossessing appearance. On June 29, 1913, a modified submucous resection was performed under cocaine.

Figure 6. Case 4.—Front View.
Before Operation. After Operation.

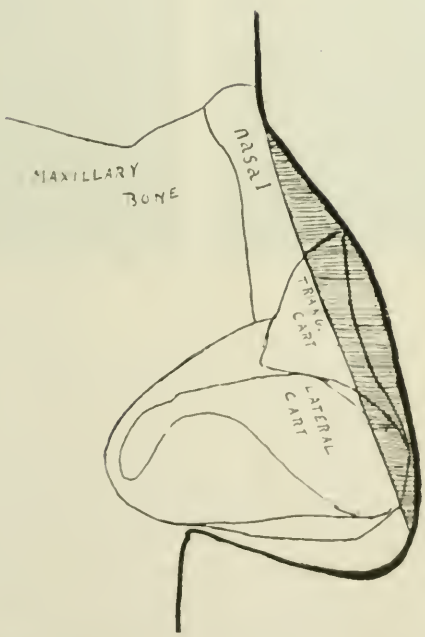

Figure 7.—(Schematic) Dark Portion Indicating Amount of Dorsum Nasi Removed in Lowering Plane. (Joseph.)

July 23, 1913, under ether anesthesia, lateral deformity corrected and nose placed in middle line of face, leaving the hump for correction by a subsequent operation. September 20, 1913, under cocaine, the bony hump was removed subcutaneously with saw and file, and the plane of the cartilaginous portion lowered with the knife, giving the result as shown in the pictures taken six weeks after the last operation. (Figure 7).

Since these photographs were taken there has been a still further improvement in the appearance of the nose, swelling having entirely subsided.

Case No. 5 (Picture No. 2); C. R.; Male; Age, 19.—Considerably oversized nose, still further deformed by having been struck on its left side by the end of a piece of falling timber two

Figure 8. Case 4.—Profile of Nose.
Before Operation. After Operation.

years before. When first seen patient showed a long adherent scar extending from the inner canthus of the eye, up the left side of the nose, beyond the middle line of the dorsum. This can be plainly seen on the picture. In addition, the lower edge of the left nasal bone had been driven inward, resulting in a marked depression below it. The upper edge was turned outward, standing as a sharp edge under the skin near the dorsum, which appeared very broad and flat. The cartilaginous portion stood out very prominently, and the tip was unusually large. September 22, 1913, under local anesthesia, after the skin over the entire nose was undermined through the usual incision from within, the sharp ledge on the left side of the nose was sawed off subcutaneously and turned down to fill in the depression below it. The attachment of the nasal processes to the superior maxillary

were sawed through and the nasal bones completely mobilized, so that by compressing them the base of the nose was narrowed (Figure 6.) At the same time a 4 m. m. strip of cartilage and mucous membrane were removed from the inside of the cartilaginous portion of the nose, near the septum on each side. These strips included portions of the lower lateral cartilages and tapered to a point about ½ c. m. above these, so that the entire cartilaginous portion was narrowed and the bulging tip reduced when edges of the wound within the vestibule of the nose were drawn together with silk sutures. After packing the nose the cop-

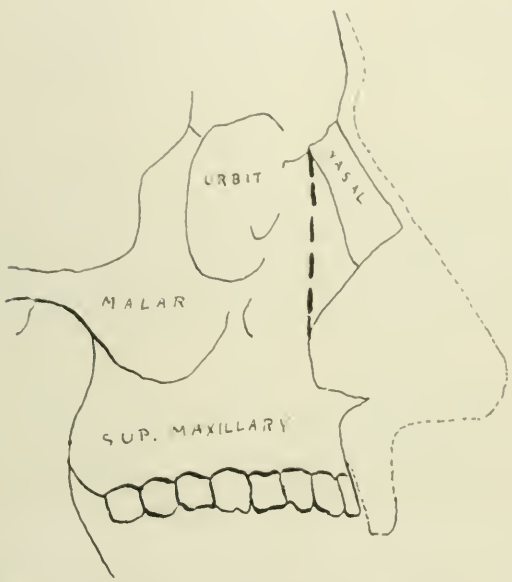

Figure 5.—(Schematic) Dark Line Indicating Direction of Saw in Severing Nasal Process to Narrow Base. (Joseph.)

per saddle was applied in the usual manner. Saddle was worn continuously for about a month, when patient returned to his home in West Virginia with instructions to wear same for three or four weeks longer. Picture showing result was taken the day that he left for his home.

In this case not only was the bony deformity in consequence of the fracture corrected, but the entire nose reduced in size, and the conspicuous scar could hardly be seen at all after being detached from the bone to which it was adherent.

Book Reviews.

Die Heilwirkung des Radiums, nach einem Vortrage, gehalten vor der Roentgen-Society in London, von Dr. Siegm. Saubermann, Berlin-Vienna. To be had by applying to Radium Limited, U. S. A., 25 W. 45th street, New York City.

This pamphlet, consisting of 40 pages, with 36 illustrations, is the latest publication on the subject of Radium Emanation Therapy. It is of the greatest importance and interest to the physician desirous of using the Radium Emanation in treating those diseases which it influences, on account of its thorough, but still concise, discussion.

The 36 illustrations contained are, in all probability, the first of their kind ever shown in this country, and demonstrate clearly the effects of the rays and emanation of radium.

Treatment of Chronic Leg Ulcers. A Practical Guide to Its Symptomatology, Diagnosis and Treatment. By Edward Adams, M.D., Instructor in Surgery, New York Post Graduate Medical School and Hospital; Attending Surgeon to the German Hospital, O. P. D.; Fellow of New York Academy of Medicine; Fellow of American Medical Association, etc. Cloth, $1 net. New York: International Journal of Surgery. 1914.

Owing to the frequency of leg ulcer of one kind or another the modern methods employed for its cure should be at the thumb's end of every general practitioner. This little book of some one hundred pages goes thoroughly into the diagnosis, symptomatology and treatment of the several ulcers as found in the leg. It is brief, concise and an excellent exposition of the subject.

International Clinics. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Volume 1. Twenty-fourth Series. 1914. Philadelphia and London: J. B. Lippincott Company. Cloth, $2 net.

Volume 1 of the Twenty-fourth Series of International Clinics is replete with interesting, useful and helpful articles. No matter where one opens the book, one is sure to find something practical and valuable in one's practice. Amongst the most important articles may be mentioned The Treatment of Nephritis, by Robert N. Wilson; Cardiovascular-Renal Regulation by Other Means Than Drugs, by J. Madison Taylor; The Importance of Frequent and Thorough Medical Examination of All Citizens, by Victor C. Vaughan, and The Prophylactic Treatment of Rheumatism, by N. S. Davis.

In his essay on Drugless Cardiovascular-Renal Regulation, Davis says: "Treatment of cardiovascular disorders, to effect

cure, should be initiated so early in stages of evolution as to amount practically to prevention. Since there are no characteristic early symptoms, reliance must be placed on rational forms of living and prompt recognition of dangers in neglecting evidences of certain functional disturbance. Hence the key to best results lies in making clear the perils of faulty personal conduct, and also the importance of expert guidance and control throughout life. Until mankind becomes aware of the deep significance and economic value of medical supervision when in health, and of prompt consultation when even slightly out of health, this conservation cannot be effected.

"When blood pressure is found to be abnormally high, we are confronted with either temporary or acute disturbances which demand prompt precautionary and remedial measures. When this phenomenon appears in persons otherwise vigorous, especially toward or after middle life, it may, and usually does, indicate structural changes in the blood vessels pointing to advanced disease."

Among the measures he recommends for these disorders are education in mind control, respiratory education, regulated movements, mechanical stimulation by pressure, skin friction, colonic irrigations, hydrotherapy, blood-letting and regulation of diet. In advising venesection the author states: "Bear in mind that a weak radial pulse is no contraindication, rather the one plain signal to relieve the overburdened heart."

However, each article contains something which should appeal to the general practitioner.

IMMUNITY. METHODS OF DIAGNOSIS AND THERAPY AND THEIR PRACTICAL APPLICATION. By Julius Citron, Assistant at the University Clinic of Berlin, II Medical Division. Translated from the German and Edited by A. L. Garbat, M.D., Assistant Pathologist and Adjunct Visiting Physician, German Hospital, New York. Second Edition. Revisied and Enlarged. Thirty Illustrations. Two Colored Plates and Eight Charts. Philadelphia: P. Blakiston's Son & Co. 1914. Cloth, $3.50 net.

The immunity question has come to play such an important role in medicine that any information which may throw additional light on the subject is of great value to the medical profession. As Dr. Citron has devoted considerable thought and work upon every phase of immunity and its practical application to the treatment of disease, his conclusions are indeed a welcome addition to medical literature. At one time the study of immunity was of only academic interest, but today its application in many ills makes it a live question with all practitioners of medicine, be they internists or surgeons. It is with both the theoretical as well as the practical aspect of immunity that the above book deals. Here in succinct form one is quickly made acquainted with the last word in immunity. Our predictions are that it will be accorded a most favorable reception.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, SEPTEMBER, 1914

PROPHYLAXIS OF MENTAL DISORDERS.

THERE is no gainsaying the actual as well as relative increase of mental diseases in the United States. Indeed, the increase has become so marked that it is high time that the several States employ measures to control the menace. Perhaps mental maladies cannot be stamped out entirely; still, the causes of much of the insanity are well enough recognized to give the State authorities a tangible basis upon which to start the campaign of eradication. Amongst the factors playing an important part in the propagation of insanity and mental unbalancing are alcohol, syphilis and habit-producing drugs. Any one and all of these agents play no small part in the causation of mental instability. In other lines of medical effort it is a well-recognized fact that prevention rather than cure is the order of the day. So here prevention must be looked to to lessen the alarming increase in psychiatric ills rather than cure. The community should be protected by the State from this unnecessary loss of human efficiency. The healthy have a right to expect this protection, just as much so as protection from an invasion by an armed enemy. Therefore, the medical profession should arise as one man and demand that the State do something toward controlling this ever-increasing menace. A start has already been made along these lines by the alienists and neurologists of the United States, who, at their third annual meeting held in Chicago, July 13 to 17, 1914, adopted the following resolutions:

WHEREAS, It is well recognized by alienists and neurologists the world over that certain major factors are the chief causes of physical conditions accompanied by mental derangement and deficiency; and

WHEREAS, These major causes are largely, if not wholly, controllable and eradicable; and

WHEREAS, These major causes are alcoholism, habit producing drugs, venereal diseases, work in unsanitary and unhygienic surroundings and hereditary influence, including the immigration of the physical and mental unfit; therefore, be it

Resolved, First: That we recommend to the proper State authorities the absolute control of the sale of alcohol until such time as actual prohibition be enacted.

Second: That the sale of all habit-inducing drugs be strictly regulated in all States of the Union.

Third: That municipal or State control of venereal diseases be established, with proper treatment for indigent patients, to the end that the spread of syphilis and gonorrhea be prevented.

Fourth: That proper special hospitals for the care and treatment of alcoholism and drug addictions be established.

Fifth: That municipal, State and National inspection of labor conditions be regularly maintained and child labor abolished.

Sixth: That no known defective dangerous to himself and to others should be permitted to have unrestricted liberty.

Seventh: That adequate teaching of the principles of heredity and sex life be initiated and fostered in the home, with the view to its introduction into the curricula of schools, above the grammar grades this instruction to be given to the sexes separately.

Eighth: That the various States pass reasonable and universal marriage laws that will be reciprocal in preventing the marriage of the physical and mental unfit.

Ninth: That a psychopathic laboratory be connected with the criminal courts and common schools, railroads, transportation companies and public service utilities, responsible for the actual safety of the general public should have their employes regularly examined as to their physical and mental fitness.

Tenth: That, inasmuch as State, county and city public health institutions should have as their superintendents men of highest qualifications who may devote their best efforts to their tasks, we recommend that all such positions be subject to civil service examinations.

Eleventh: That in addition to the above we recommend a nation-wide campaign of education conducted through the public press, university and medical schools, boards of health, State, county and city boards of education, women's clubs and other proper educational mediums upon the true significance of the development—physical, mental and moral—of the individuals and the race, and, finally, we recommend that a committee be appointed to promote the enactment of the above resolutions.

These protocols are reasonable, and both the profession as well as the laity are entirely justified in the demands that the State do something to lessen the increase of insanity. The people have just as much right to expect the promulgation of laws protecting their mental stability as the enactment of laws looking to the prevention of bodily ills.

REPORT OF BOARD OF MEDICAL EXAMINERS OF MARYLAND.

QUESTIONS AT THE JUNE (1914) EXAMINATIONS.

OBSTETRICS.

1. What degree of pelvic contraction is compatible with delivery.
2. How do you measure the conjugate diameters?
3. How should uterine inertia be treated?
4. What is the treatment of placenta previa when occurring before the full term?
5. What are the dangers in a breech presentation?
6. When should the forceps be applied and what preliminaries are necessary in their application?
7. What alternatives do we possess to the use of the forceps?
8. Describe the ligaments of the uterus.
9. Describe the operation of transfusion.
10. Give the treatment of carunele.

SURGERY.

1. Give the differential diagnosis between acute catarrhal conjunctivitis and gonorrheal ophthalmia, and the general principles of management of each.
2. Name the varieties of goitre and mention the indications for surgical interference.
3. Describe the fractures commonly designated as: (a) Colles' facture. (b) Pott's fracture. Give treatment of each.
4. Give the differential diagnosis between a fracture of surgical neck of humerus and a dislocation of the shoulder joint.
5. Give diagnosis and treatment of epithelioma of the lower lip.
6. Name the varieties of tumor of the bladder, with symptoms of each.
7. Give the differential diagnosis between appendicitis, cholelithiasis and ulcer of the pylorus.
8. Give the symptoms, diagnosis and treatment of tuberculous disease of the hip joint.
9. Name the varieties of fistula-in-ano and give the treatment for same.
10. Give symptoms and treatment of acute osteomyelitis.

PRACTICE.

1. Define: (a) Epistaxis, hemoptysis, hematemesis. (b) Anuria, polyuria, hematuria. (c) Pellagra. (d) Pertussis. (e) Litten's sign. Romberg's sign.
2. Define: (a) Koplik's sign. Kernig's sign. (b) Anterior poliomyelitis. (c) Percussion, auscultation, vocal fremitus, succussion. (d) Emphysema. (e) Urticaria.
3. Differentiate: Rubeola, scarlatina and rubella.
4. What diseases are most commonly found in the right iliac region?
5. Name the various types of organic valvular heart disease.
6. Give fully the differential diagnosis between cholelithiasis and nephro-lithiasis.
7. Name the various diseases in which dysphagia occurs.
8. Give treatment of scarlet fever and its complications.
9. Give treatment of ulcerative stomatitis.
10. Give treatment of typhoid fever and its principal complications.

PATHOLOGY.

1. How would you estimate the number of bacteria present in a given amount of liquid, for instance, in 1 c. c. of milk?
2. Tenia solium. Describe it and give its life history.
3. Describe the changes occurring in and following fibrinous or plastic pleurisy.
4. How is typhoid fever transmitted? How in general is it prevented? On what does its specific prevention depend?
5. Describe the precipitin reaction. Of what medico-legal importance is it.
6. What is a thrombus? An embolus?
7. Describe the changes occurring in untreated gonorrheal ophthalmia.
8. Describe an "adenoid." When may adenoid tissue be considered pathological?
9. How are specimens for microscopic examination made by the freezing method.
10. What is an abscess? Describe the processes of its production.

PHYSIOLOGY.

1. Name the forces concerned in the circulation of the blood, and describe how each acts.
2. Define protoplasm, and give properties of living protoplasm.
3. Describe the effects of starvation on the various body tissues.
4. (a) Give functions of the medulla oblongata. (b) Give functions of the cerebellum. (c) Give functions of the spinal cord.
5. Describe the functions of the skin, mucous membranes and serous membranes.
6. Describe the formation and functions of lymph and the properties and functions of bile.

IN PLACE OF OTHER ALKALIES USE

Phillips' Milk of Magnesia

"THE PERFECT ANTACID"

Useful in the gastro-intestinal irritations of child and adult life, and for correcting the summer diarrhoea of infants

Of Advantage in Neutralizing the Acid of Cows' Milk

Phillips' Phospho-Muriate of Quinine

TONIC AND RECONSTRUCTIVE

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Milk of Magnesia S&D

Corrects HYPERACIDITY, NAUSEA and VOMITING and INTESTINAL INDIGESTION. Generally used by dentists to neutralize the acidity of the Saliva.

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Specify Milk of Magnesia (S&D) For Results

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7. Describe the muscular mechanism of digestion.

8. State what you know of the sources and distribution of the heat of the body.

9. Define secretion, excretion, absorption, nutrition, and state difference between external and internal secretion and give examples.

10. Give a general classification of foodstuffs and give examples of each.

MATERIA MEDICA.

1. Discuss briefly the vaccine and serum theories. Give examples with mode of administration and state for what conditions used.

2. Boric, tannic, dilute hydrochloric, nitric and salicylic acids: Describe and give doses, using official term.

3. Nitrate of silver, arsenic, male fern, asperin: Give official preparation and doses.

4. Define physiological effect, toxicology, incompatibility, idiosyncrasy and cumulative effect.

5. Cannabis indica and aconite—the part of the plant used—preparations and doses.

6. Give the average adult dose of extract of opium, brown mixture, fluid extract colchicum, tincture digitalis, potassium iodide, tincture nux-vomica, fluid extract ergot, syrup iodide of iron, Fowler's solution of arsenic and Donovan's solution. Give preparation and doses, using official terms.

7. Cocaine, codeine and creosote: The official preparations and doses.

8. Write a prescription, for 36 pills, of iron, arsenic, strychnine, quinine and gentian, to be given at each meal, for an adult.

9. Ether, tartar emetic and antipyrin: The official preparations and doses.

10. Describe and give doses of acetanilid, amyl nitrite, and caffein.

THERAPEUTICS.

1. Write a prescription in Latin, without abbreviation, containing a heart sedative and diaphoretic, stating the condition for which it is to be used, with direction for administration.

2. Give the therapy of beladonna, symptoms of poisoning and treatment.

3. Give indications for, and restrictions in, use of chloride of sodium.

4. Give the therapy of quinia, dose and period of administration for special conditions.

5. Give the therapeutic uses of the hypophysis or pituitary body.

6. Give the therapy of ipecac, name and special use of its active principle.

7. Give the name and special use of the active principle of the suprarenal glands.

8. Give the therapy of strychnia, symptoms of poisoning and treatment.

9. Differentiate the therapy of aconite and veratrum viride.

10. Give the physiological action and therapy of bromides.

ANATOMY.

1. Describe the gall-bladder and the biliary ducts.

2. Define synarthrodial, amphiarthrodial, diarthrodial joints, and give three examples of the latter.

3. Give the origin and distribution of great sciatic nerve.

4. Name structures contained in cross-section of thigh on a level with the beginning of Hunter's canal.

5. Give attachments, action and nerve supply of these muscles: Digastric, peroneus longus, biceps femoris, superior oblique (oculi) and pronator radii teres.

6. Name varieties of cartilage and state where each variety is found.

7. Give brief description of the lymphatic system.

8. General description of thymus body.

9. Practical examination.

10. Practical examination.

CHEMISTRY.

1. (a) State the atomic theory of matter. (b) What are ions?

2. (a) What is meant by valence? (b) Give the valence of the following elements: C, P, O, Mg, I, Cl, Hg, S, H, Br.

3. Define and give example of (a) a metal. (b) a base.

4. Write a formula illustrating the reaction between manganese dioxide and sulphuric acid.

5. What is the most important constituent of Paris green and of Rough-on-rats?

6. Define an alkaloid and name three (3) commonly used in medicine.

7. Of two samples of drinking water, one contains nitrates, with traces of free chlorine; the other contains nitrites and free chlorine; which is the safer for drinking purposes? Why?

8. (a) What is the significance of lactic acid in stomach contents. (b) Describe a method of detecting the presence of lactic acid.

9. Describe in detail a method of examining urine for bile.

10. Discuss proteids.

FELLOWS' SYRUP
OF THE
HYPOPHOSPHITES

Efficient, reliable and always uniform.
Universally prescribed since 1866—
the year of its introduction

Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland, June 16, 17, 18 and 19, 1914.

No.	College of Graduation.	Anatomy	Surgery	Pathology	Obstetrics	Practice	Chemistry	Materia Medica	Therapeutics	Physiology	Total	Average
1	College of Physicians and Surg., Balto., '13.	81	75	94	77	75	98	75	94	75	744	83
2	Johns Hopkins University, '11	80	79	91	92	75	89	75	87	54	722	80
3	Johns Hopkins, '12	69	75	88	89	75	80	69	71	75	691	77
4	University of Maryland, '14	87	80	95	90	86	94	86	98	94	810	90
5	Long Island College, '11	81	75	81	81	87	75	81	84	84	729	81
6	Temple University, Philadelphia, '13	55	69	70	78	79	56	60	75	62	604	67
7	University of Maryland, '14	67	83	84	92	90	75	77	95	80	743	82
8	University of Maryland, '14	72	85	77	79	79	79	64	90	77	702	78
9	University of Maryland, '14	87	81	97	89	87	95	91	100	92	819	91
10	Maryland Medical College, '12	..	..	..	70	79	..	..	61	65	...	..
11	University of Maryland, '13	69	82	82	88	86	64	67	72	67	677	75
12	North Carolina Medical, '14	80	75	73	89	80	63	83	79	58	680	76
13	Johns Hopkins, '13	75	82	..	..	..	79	..	75	..	...	..
14	University of Maryland, '14	87	88	88	88	81	89	75	88	82	776	86
15	University of Maryland, '14	89	84	88	92	85	83	81	83	90	775	86
16	University of Maryland, '14	92	96	95	93	92	91	80	95	95	829	92
17	Johns Hopkins	86	..	..	..	..	76	86	..	94	...	..
18	Johns Hopkins, '14	88	85	75	85	85	98	92	90	78	776	86
19	Johns Hopkins, '14	71	87	98	90	80	90	75	88	85	764	85
20	University of Maryland, '14	90	85	99	84	82	89	66	96	83	774	86
21	University of Maryland, '14	83	85	92	88	93	86	90	94	84	795	88
22	Maryland Medical College, '13	66	79	51	68	82	..	86	..	64	...	..
23	University of Maryland, '14	80	92	92	95	87	82	87	80	90	785	87
24	University of Maryland, '14	92	91	96	91	84	100	92	86	95	827	92
25	Medical-Chirurgical College, Phila., '13	75	87	91	70	91	98	79	80	85	756	84
26	Maryland Medical College, '13	57	82	73	73	65	58	62	56	59	585	65
27	University of Maryland, '14	82	79	87	79	79	88	92	75	82	743	82
28	College of Physicians and Surg., Balto., '13.	73	83	75	78	83	78	76	73	79	698	77
29	University of Maryland, '14	90	89	81	77	78	100	91	87	92	776	86
30	University of Maryland	55	..	..	..	..	65	81	..	71	...	..
31	George Washington University	60	..	..	..	..	94	70	..	86	...	..
32	Johns Hopkins, '14	86	91	99	90	92	100	84	96	98	836	93
33	College of Physicians and Surg., Balto., '14.	82	82	70	92	76	89	84	83	81	739	82
34	Johns Hopkins, '14	87	91	92	91	87	88	86	94	97	813	90
35	Johns Hopkins, '14	75	86	99	87	83	99	90	79	85	783	87
36	Johns Hopkins, '14	75	92	90	91	82	90	83	88	76	767	85
37	University of Maryland, '11	75	..	..	..	..	..	..	..	..	...	..
38	Johns Hopkins	92	..	..	..	..	87	85	..	78	...	..
39	University of Maryland, '12	75	..	..	..	..	75	75	85	..	...	..
40	Johns Hopkins, '14	85	85	86	89	84	91	87	87	98	792	88
41	University of Maryland, '14	87	89	90	88	85	84	86	96	81	786	87
42	University of Maryland, '14	84	84	90	91	87	75	75	73	96	755	84
43	Johns Hopkins, '14	69	88	84	75	80	95	53	72	75	691	77
44	Johns Hopkins, '14	94	90	97	92	87	90	83	98	98	829	92
45	University of Maryland, '14	73	92	82	91	77	50	53	71	66	655	73
46	University of Maryland, '14	84	93	85	90	93	82	90	96	95	808	90
47	University of Maryland, '14	68	91	75	75	79	80	87	79	86	720	80
48	University of Maryland, '14	79	89	90	89	83	89	88	82	91	780	87
49	University of Maryland, '11	85	80	85	79	80	81	76	84	75	725	80
50	University of Toronto, '11	79	80	92	90	82	81	84	90	89	767	85
51	University of Maryland	90	..	..	..	..	89	82	..	81	...	..
52	Baltimore Medical, '13	63	..	..	..	82	69	81	..	65	...	..
53	University of Maryland, '11	80	90	88	75	91	80	87	70	82	743	82
54	University of Maryland	83	..	..	..	..	84	90	..	75	...	..
55	University of Maryland	83	..	..	..	.	85	90	..	82	...	..
56	Johns Hopkins	82	..	..	..	..	75	76	..	77	...	..
57	Johns Hopkins	81	..	..	..	..	98	93	..	99	...	..
58	Johns Hopkins, '11	94	94	99	95	90	92	85	81	93	823	91
59	Johns Hopkins, '11	83	92	92	79	94	98	82	81	86	787	87
60	Johns Hopkins, '14	87	90	86	80	88	98	93	87	90	799	89

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OF THE

Lungs, Glands, Bones or Joints will be greatly benefited by the use of

PROTONUCLEIN BETA

Combining the nucleins of the spleen with Protonuclein

Attention must be paid to the marked results obtained abroad by the use of the spleen in tubercular cases.

We have combined this action of the spleen with the well-known reconstructive action of Protonuclein, meeting the modern theory of building up the body to combat Tuberculosis.

See that your prescription reads:

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No. 60

Sig. 2 cubes 3 times a day, one hour after meals. Chew the cubes.

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Summary of Results of Examination Held by the Board of Medical Examiners of Maryland, June 16, 17, 18 and 19, 1914.—(*Continued.*)

No.	College of Graduation.	Anatomy	Surgery	Pathology	Obstetrics	Practice	Chemistry	Materia Medica	Therapeutics	Physiology	Total	Average
61	Johns Hopkins, '14	85	83	93	92	84	86	81	88	84	776	86
62	Johns Hopkins, '14	87	88	99	93	84	94	86	93	84	808	89
63	Johns Hopkins	83	..	..	..	..	97	83	..	95	...	..
64	Johns Hopkins	86	..	..	..	..	89	88	..	87	...	..
65	College of Physicians and Surg., Balto.	71	..	..	..	..	78	79	..	40	...	..
66	Johns Hopkins, '14	75	89	94	91	89	85	75	85	81	764	85
67	University of Maryland, '14	73	85	83	83	81	80	75	70	84	714	79
68	Johns Hopkins, '14	92	88	98	94	84	91	76	91	75	789	88
69	Johns Hopkins, '14	81	91	87	82	83	92	85	75	84	760	84
70	University of Maryland, '14	74	88	90	86	90	72	84	91	86	761	85
71	University of Maryland, '14	62	88	81	75	84	75	63	70	64	662	73
72	University of Maryland, '14	71	90	74	76	81	79	80	71	88	710	78
73	Johns Hopkins	78	..	..	..	..	89	83	..	81	...	..
74	University of Maryland, '14	87	93	99	88	95	87	86	89	95	819	91
75	College of Physicians and Surg., Balto., '14.	58	90	64	78	84	72	61	65	65	637	71
76	University of Maryland	80	..	..	..	..	93	95	..	76	...	..
77	College of Physicians and Surg., Balto., '14.	79	86	57	79	75	79	48	71	69	643	71
78	University of Maryland	85	..	..	..	..	85	88	..	81	...	..
79	University of Maryland, '14	Failed to appear.										
80	University of Maryland, '14	74	92	85	84	84	83	91	96	77	766	85
81	Johns Hopkins, '14	90	91	88	86	80	89	68	81	70	743	82
82	Howard University, '14	74	90	81	82	85	69	75	84	79	719	80
83	Maryland Medical, '13	15	86	71	75	68	30	63	71	19	498	55
84	Meharry Medical, '12	38	70	43	68	67	60	..	52	47	...	..
85	Johns Hopkins, '14	92	91	98	86	90	98	83	70	86	794	88
86	Johns Hopkins	77	..	..	..	..	90	92	..	85	...	..
87	Johns Hopkins, '14	88	92	82	70	85	82	80	95	84	758	84
88	College of Physicians and Surg., Balto., '14.	59	83	69	81	77	75	83	90	82	699	78
89	Johns Hopkins	79	..	..	..	..	79	77	..	72	...	..
90	University of Maryland, '14	74	89	82	93	87	75	79	91	66	726	81
91	Johns Hopkins, '14	81	88	84	91	88	88	75	82	59	736	82
92	University of Maryland, '14	87	88	84	82	83	78	67	75	76	720	80
93	Baltimore Medical, '13	58	..	58	75	..	..	68	70	..	...	..
94	College of Physicians and Surg., Balto., '14.	69	85	66	80	82	85	66	68	77	678	75
95	University of Maryland, '14	75	88	92	93	77	82	70	79	75	731	81
96	University of Maryland, '12	68	..	88	66	83	66	..	70	..	...	..
97	University of Maryland	96	..	..	..	..	100	93	..	91	...	..
98	Maryland Medical, '13	..	75	41	..	82	75	58	..	..	...	..
99	University of Maryland, '14	72	91	79	91	87	75	85	89	72	741	82
100	Maryland Medical, '12	52	72	63	..	..	..	..	..	..	...	..
101	National Medical College, Mexico, '00	84	83	64	67	53	78	65	88	63	645	72
102	Maryland Medical, '10	35	75	50	69	65	..	58	..	30	...	..
103	University of Maryland	Failed to appear.										
104	Johns Hopkins, '14	81	93	98	93	94	76	70	90	93	788	87
105	Maryland Medical, '12	Failed to appear.										
106	University of Maryland	79	..	..	..	..	75	82	..	84	...	..
107	College of Physicians and Surg., Balto., '14.	64	82	80	89	75	75	78	90	70	703	78
108	University of Louisville, '12	52	83	80	65	65	43	65	76	40	569	63
109	North Carolina Medical, '14	Failed to appear.										
110	College of Physicians and Surg., Balto., '14.	84	87	71	89	75	84	61	80	82	713	79
111	University of Maryland	91	..	..	..	..	59	83	..	87	...	..
112	University of Maryland, '14	90	90	88	81	75	85	78	87	83	757	84
113	College of Physicians and Surg., Balto., '13.	75	..	..	..	75	85	77	75	75	...	..
114	University of Maryland, '14	55	80	65	70	63	50	82	77	42	584	65
115	Maryland Medical, '12	33	59	37	55	46	..	50	50	42	...	..
116	University of Maryland, '14	63	75	64	69	75	56	86	76	69	633	70
117	Col. of Phys. and Surg., Columbia, N. Y., '14.	78	90	90	90	83	70	87	93	93	774	86
118	College of Physicians and Surg., Boston, '11.	58	75	53	75	68	65	75	65	66	600	67

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

A
Rational Procedure
in
Summer Diarrhea

For Infants of any age

Mellin's Food
4 level tablespoonfuls
Water (boiled, then cooled)
16 fluidounces

Give one to three ounces every hour or two, according to the age of the baby, continuing until stools lessen in number and improve in character.

Milk, preferably skimmed, may then be substituted for water—one ounce each day—until regular proportions of milk and water, adapted to the age of the baby, are reached.

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N. B.—Offensive or contagious diseases not received.

Medical Items.

The engagement is announced of Walter D. Wise, M.D., Physicians and Surgeons, class of 1906, to Miss Agnes Gordon Whiting, both of Baltimore, Md. The wedding will take place early in the fall. Dr. Wise is associate professor of surgery, College of Physicians and Surgeons.

The cornerstone of the John Hubner Psychiatric Hospital, which Maryland is erecting for the care and treatment of acute cases of insanity, was laid June 25. Dr. William A. White, superintendent of the Government Hospital for the Insane at Washington, delivered the address, entitled "The New Ideal." Dr. J. Clement Clark, Sykesville, the superintendent, presided at the exercises.

Dr. Ira Remsen left Baltimore July 16 for a tour around the world by way of the west. He attended the meeting of the British Association for the Advancement of Science in August, and will attend various scientific meetings to be held in New Zealand early in September.

Dr. Frank Martin, 1000 Cathedral street, who, with a number of other Americans was marooned in London, was fortunate enough to obtain passage on the steamship Celtic, which sailed from Liverpool August 6. He arrived in New York August 18, after a most exciting voyage. Dr. Martin attended the Clinical Congress of Surgeons in London from July 23 to August 3. Among other Baltimore physicians who attended the congress was Dr. Randolph Winslow of 1900 Mt. Royal Terrace.

Dr. William S. Thayer of the Johns Hopkins Medical School, who underwent a slight operation on his nose, recently, has recovered.

Drs. A. M. Shipley and R. P. Bay represented the University of Maryland in the first aid preparations for the Banner Centennial Week. They located first-aid stations throughout various portions of the city.

BIRTHS.

To Dr. Flavel B. Tiffany and Mrs. Tiffany of 100 Garfield avenue, Kansas City, Mo., August 10, 1914, a son—Flavel B. Tiffany III.

MARRIAGES.

Francis P. Carroll, M.D., Johns Hopkins Medical School, formerly of Hartford, Conn., now of Baltimore, to Miss Mary Cassidy of 129 Jackson Place, at Baltimore, recently. Dr. Carroll is at present associated with Dr. Bloodgood at St. Agnes' Hospital.

Leonard George Rowntree, M.D., to Miss Katherine Marie Campbell, both of Baltimore, Md., at Baltimore, July 9, 1914. Dr. Rowntree is associate professor experimental therapy at the Johns Hopkins Medical School.

Edward N. Brush, M.D., of Towson, Md., to Miss Marie Tregoe Hartman of Forest Park, Md., at Forest Park, August 6, 1914. Dr. Brush is professor of psychiatry at the College of Physicians and Surgeons. On their return from a wedding tour Dr. and Mrs. Brush will reside at the home of Dr. Brush on the hospital grounds.

E. H. McDede, M.D., Physicians and Surgeons, 1910, to Miss Rose Russell, both of Lyndhurst, N. J., at Lyndhurst, August 9, 1914. Miss Russell is a graduate of the training school for nurses of Mercy Hospital, class of 1911. They will reside in Lyndhurst, N. J.

DEATHS.

William Edward Magruder, M.D., University of Maryland Medical School, 1854, a member of the Medical and Chirurgical Faculty of Maryland, died at his home in Sandy Spring, Md., July 13, 1914, from cerebral hemorrhage, aged 80 years.

James C. Rippard, M.D., College of Physicians and Surgeons, 1881, a member of the Medical Association of Georgia, died at his home in Wayeross, Ga., July 4, 1914, from heart disease, aged 56 years.

David L. Talkington, M.D., College of Physicians and Surgeons, 1907, died at his home in Jacksonburg, W. Va., May 22, 1914, from the effects of poison accidentally self-administered, aged 37 years.

George Irvin Barwick, M.D., University of Maryland Medical School, 1894, a member of the Medical and Chirurgical Faculty of Maryland; for many years a practitioner of Kennedyville, Md., but for the last four years a resident of Baltimore, died at his home in that city July 25, 1914, from angina pectoris, aged 45 years.

Walton Bolgiano, M.D., of 2327 N. Charles street, Baltimore, died at his home August 2, 1914, aged 40 years. Besides being a member of the Medical and Chirurgical Faculty, Dr. Bolgiano was a member of the American Medical Association.

NOTARY PUBLIC

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PROFESSIONAL BUILDING

PRUNOIDS

A laxative that acts by stimulating physiologic processes; does not gripe or produce after-constipation.

Remarkably effective in the treatment of **chronic constipation** and all intestinal conditions requiring safe, pleasant and dependable action.

CACTINA PILLETS

A remedy that steadies and strengthens the heart by imparting tone to the heart muscle.

Invaluable in all functional cardiac disorders such as **tachycardia, palpitation, arrhythmia** and **whenever the heart's action needs regulating or supporting.**

SENG

A true secernent that stimulates the flow of the digestive fluids, thus aiding and promoting digestion.

Used in **atonic indigestion, alcoholic gastritis** and **dyspeptic conditions generally** with results both prompt and lasting.

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Abstracts.

DECANNULATION AND EXTUBATION AFTER TRACHEOTOMY AND INTUBATION RESPECTIVELY.

Dr. Chevalier Jackson, Pittsburgh.

Paper read at the Thirty-fifth Annual Congress of American Laryngological Association, held May 5, 6 and 7, 1913, in Washington, D. C.

The different forms of laryngeal stenosis associated with difficult decannulation or extubation may be classified into the following types: 1. Pain. Breathing through the neck with a properly placed tracheotomy cannula is much easier than breathing through the mouth, that once the patient becomes accustomed to it for quite a while he does not feel that he is getting enough air through the mouth, even though the larynx is perfectly patulous. In addition to this, there is a nervous cell habit arising from previous experience with the stenosis that terrorizes the patient the moment he feels the slightest dyspnea. 2. Spasmodic. This form of stenosis may be associated with panic, or may be excited by subglottic inflammation. It is usually overcome by the same means as those suggested for panic, together with the treatment of inflammatory conditions that may be present. Doubtless one of the chief causes of adductor spasm is the prolonged wearing of the intubation tube. 3. Paralysis. Bilateral ankylosis of the cricoarytenoid joints may prevent decannulation until the laryngeal stenosis is relieved. This operation is not to be advised except in such cases as have remained rigid for a period of twelve months or more, and this is not meant to include the fixation that is associated with malignant, tuberculous or luetic infiltrations. 5. Neoplasms. Decannulation in neoplastic cases will depend upon the nature of the growth and its curability. 6. Hyperplastic. 7. Cicatrical, (a) loss of cartilage; (b) loss of muscular tissue; (c) fibrous. The hyperplastic and cicatrical types of organic stenosis preventing decannulation may be, classified as follows: 1. Tuberculosis. 2. Lues. 3. Scleroma. 4. Acute infectious diseases, (a) diphtheria; (b) typhoid fever; (c) scarlatina; (d) measles; (e) whooping cough. 5. Decubitus, (a) cannular; (b) tubal. 6. Trauma, (a) tracheotomic; (b) intubational; (c) operative; (d) suicidal. Conditions outside of the paralytic and neoplastic forms are almost all the result of inflammation, often with ulceration and the secondary tissue changes. In the infective granulomata it is practically always the mixed infections from oral sepsis running that do the harm. The chief exception to this is diphtheria, which is in many cases a distinctly necrotic process. In the rare cases in which laryngeal tuberculosis of such severe type as to require tracheotomy is cured, decannulation presents little difficulty after the infiltrations are reduced. The reduction of these infiltrations by the galvanocautery through the laryngeal speculum is readily accomplished. Should cicatricial stenosis from ulceration remain, it is to be treated in the same way as cicatrices from other caues—by laryngostomy. In those old cases of luetic fibrosis little amenable to the older methods of treatment, salvarsan has accomplished wonders. Dr. Emil Mayer has recommended the use of radiotherapy in the treatment of scleroma. So far, however, the results have been so unsatisfactory that they practically constitute the only cases in which decannulation is

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impossible. When typhoid fever was prevalent in Pittsburgh, it was found that the ulcerative lesion in the larynx was practically always the result of mixed infection, but in some instances they were due to thrombosis of a small vessel with subsequent necrosis. The after-treatment of these cases is chiefly by prolonged intubation, and in some cases by laryngostomy. Scarlatina may be followed by acute laryngeal stenosis which is cicatricial. Occasionally foreign bodies may ulcerate through from the esophagus into the trachea. A properly fitting tube will not cause any ulceration, if it is free from roughness or sharp edges, and is removed sufficiently often to be cleaned. For diphtheria and like conditions I have never seen any improvement on the original O'Dwyer apparatus. When a tracheotomized case reaches the stage when it is to be trained to breathe through the mouth, it is necessary to occlude the cannula. For the reduction of exuberant granulations, nothing has yielded better results than resorcin. As a stimulation to epitheliazation the German preparation, "scarlet red" (Biebrich), in a sterile 20 per cent. mixture has yielded excellent results during laryngostomy. One of the most common causes is the neglect of frequent changes of dressings.

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Dr. George I. Richards, Fall River.

Paper read at the Thirty-fifth Annual Congress of American Laryngological Association, held May 5, 6 and 7, 1913, in Washington, D. C.

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RESULTS OF RADIUM IN CANCER.

H. H. Janeway, New York (*Journal A. M. A.*, May 30, 1914), reviews the results of treatment of cancer by radium, noting the work of Wickham of Paris, which seems to indicate that while the influence of radium on all types of cancer is a favorable one, it does not extend to the limits of the disease in any but the most superficial forms. Wickham's works cover 1000 cancer cases thus treated. The work of the Radium Institute of London covers 460 cases of cancer during 1912, none of which are reported as cures, though some of them may later prove to be such. Out of 101 cases of slow growing benign forms of skin cancer, 31 patients were apparently cured for the time and 41 improved. But in cancer of the rest of the body there were only 15 apparently cured. The results also confirm the observations of Wickham. The less extensive test of radium in cancer at Vienna lead to the same general conclusions. While Wickham's reports show some enthusiasm, the German reports are very conservative and the London Radium Institute is non-committal. All, however, show a remarkable agreement as regards results. While radium will destroy cancer tissue in a dosage not affecting normal tisues, it does not cure the disease unless the cancer is quite superficial or of a very susceptible type. We may cherish a hope that greater success may be had in the future, but at present radium can only supplement the knife.

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The Constant Need for an Effective Tonic.

IT is a fact not generally recognized, but very true, nevertheless, that the class of remedies most frequently used by the practitioner is that made up of the tonics or reconstructives. This is not so surprising, however, when we stop to consider that the great bulk of ailments which lead people to consult their physician have their origin in some depression, derangement or "falling off" in bodily vitality. Naturally, in instituting treatment for such afflictions, the practitioner seeks to stimulate faltering functions, increase the activity of weakened organs and restore all the energy he can to the whole organism. To do this and produce permanent, not temporary, results requires a remedy that possesses beyond all question tonic and reconstructive properties.

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Hæmatine—Its Use in Anæmia.

IT has now come to be thoroughly appreciated that anæmias are due to both the increased destruction of the red blood cell and to deficient blood-cell formation on the part of such structures as the bone marrow.

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The finest results recently obtained in the treatment of severe anæmias have been in those cases where transfusions of normal blood have been given. Not only are fresh red blood cells with their contained iron added in this way, but substances in the blood serum are added which stimulate the process of blood formation and

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Placing the Blame.

At the present day much discussion is being heard on every side concerning the rôle of the intestinal canal in the causation and development of innumerable diseases. Once the liver was the chief malefactor, and a disordered liver, if not blamed as the chief cause of pretty nearly every disease that "human flesh is heir to," was sure to be considered *particeps criminis*. As the indictment of the liver has been narrowed and its culpability brought within more specific limits, some other culprit has become necessary. How natural to turn to the liver's closest associate and known accomplice, the intestinal tract? Thus it is that the "human cesspool," as Sir William Arbuthnot Lane has styled the intestinal canal, has had to stand accused of the etiologic crimes that the liver is no longer held accountable for.

But, as always happens, interest in the depravity of the new culprit has made the actual misdeeds of the old lose much of their importance. And so gradually, but none the less surely, we have grown to ignore the crimes of the liver until at last, in our indignation at and fear of the intestines, we are almost ready to look upon the liver as "more sinned against than sinning"—a victim of hasty and unwarrantable accusation.

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With this state of affairs it is not surprising that the liver, with and dangerous old offender that it is, has been allowed to perpetrate many outrages without being called to account. In high time that medical men awoke to the fact that the liver is the same old trouble-maker it has always been, and made wayfaring as thorny as ever.

Indeed, recent study of intestinal stasis and associated conditions has shown that the liver is often the main culprit even in this affection. The action of the bile in controlling intestinal putrefaction, arresting bacterial activity, promoting peristalsis and assisting digestion make it highly necessary that this important secretion be frequently interrogated as to its quantity and any decrease in the bile output given instant and vigorous attention.

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